U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2005

This report is mandatory under P.L. 86-257, as amender. Failure to comply may result in criminal prosecution, finac, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
AUG 1 S 2005 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
E	•
1. File Number U - 2/01/5	2. Fiscal Year Covered From:
The second of th	
·	Z/Z/QX Through: Q/3/QX
3. Name and address of person filing.	4. Name, file number, อกเมื่ address of labor organization.
Name RICHARL J. TOILE	Name WYC DISTRICT COCK IN OF CARE SER
•	Labor Organization File Number 332 33
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any 9 1/00 ~
Street 355 HupSon ST.	Street 395 HUDSON STREET
City A/	City Ny
State	- State - N Y ZIP Code + 4 19019 -
5, Position in labor organization. PLCCT UE SECRE	TRAYTREASCAER-BUS. MGR.
Enter appropriate data below if, during the past fiscal year, you or your spo (except as appointed in the exci	ruse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose erratioyees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
A STATE OF THE PARTY OF THE PAR	
Trade Name, If any:	
P.O. Box, Bidg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZP Co tr + 4	
DAL MA	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other/applicable penalties of the law, that all of the information	
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Doll 11 016 1	
Signed frekent 10-10	on 8/15/05 212 366-7400
	Date Telephone Number

	المربوط مين المربوط ا	
Name of Person Filing	Fite Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, set ing or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or petting or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade mans, if any).	9. Business deals with:	
Name LAZAO-D FRERS ASSET MANAGEMENT Trade Name, If any. P.O. Box, Bidg., Room No., if any Street 30 Rocke Fellow Phara	B. Labor Organization b. Trust c. Employer	
City		
3695	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employers name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	MONEY MANAGER	
Street		
	11.b. Approximate dollar value of such dealing.	
State ZIP Co tc + 4	12.a. Nature of interest hold or income received. GOLF - LUNCH DRINKS	
	12.b. Amount. 8 274. 40	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any Street		
City		
State ZIP Code + 4		
13.b. is the Business an Employer or Consultant 2	14.b. Amount of payment.	

Form LM-30 (2003)

Name of Person Filling Michael J. For	File Number U-	
· TICFIAEX		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, se'ling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (Including trade (in m.), If Eny). Name AMALG-AMED BENK OF NY Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 7/-/5 UNION SQUARE Chy NY State NY ZIP Code + 4 20014- 3695	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. if 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, If any: P.O. Box, Bldg., Room No., it any Street City State ZIP Code + 4	BANK ACCOUNTS WITH UNION 11.b. Approximate dollar value of such dealing. 12.a. Nature of interect held or income received. STADION BLANKET	
	12.b. Amount 36, 23	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of maney	12.b. Amount 36, 20	
C. Received from any employer (other than an employer covered unde	12.b. Amount 36, 200	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of maney	12.b. Amount 36, 7 2 > Corports A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount 36, 7 2 > Corports A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of maney 13.a. Name and address of Employer or Labor Roletions Consultant (including trade name, if any). Name	12.b. Amount 36, 7 2 > Corports A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of maney 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	12.b. Amount 36, 7 2 > Corports A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	12.b. Amount 36, 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	12.b. Amount 36, 7 2 > Corports A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City	12.b. Amount 36, 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, ceiling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or stilling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
B. Name and address of Business (including trade pa.mo, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZiP Cods + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employers name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIF Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
C. Received from any employer (other than on employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Rolations Consultant	14.a. Nature of payment.	
(including trade name, if any). Name NY STATE ABOA MAJACCHE AT COOWC, C. Trade Name, if any: P.O. Box, Bidg., Room No., if any P. Cl. Box 153 Street PSUEGO NY City NY State NY ZIP Code + 4 /3/26	BUSIJESS MEETINGS	
13.b. is the Business an Employer cr Consultant 7	14.b. Amount of paymon.: \$15.00,00	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, se ling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or settling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade itams, if any). 9. Business deals with:		
Name Trade Name, if any: P.O. Box, Sidg., Room No., if any Street City State ZiP Code + 4	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, If any: P.O. Box, Bidg., Room No., if any Street City State ZIF Code + 4	11.a. Nature of such dealing. 11.b. Approximate doller value of such dealing. 12.a. Nature of interest held or income received.	
C. Received from any employer (other than un employer covered under parts A and B above) or from any tabor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Rolations Consultant (including trade name, if any). Name WYC CAR RENTER 38 AFT. Trade Name, if any: P.O. Box, Bidg., Room No., if any 9 Floor City WY State WY ZIF Code + 4 10014	HOTELS - MEALS + REGISTRATION FEES AT MEETINGS.	
13.b. is the Business an Employer Consultant 7	14.b. Amount of payment. \$ 1819.4	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) c substantial part of which consists of buying from, soiling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade na ma, if eny). Name Name Name, if any. Trade Name, if any. P.O. Box, Bidg., Room No., if any Prander Street 395 Hrp. Son Street 395 H	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	NATATIONAL L/M CONFERENCE, 2/11/04-2/17/0x	
Street	11 h Approximate dollar value of such dealing. \$14,000,000	
City	11.b. Approximate dollar value of such dealing. 4,000,000.	
State ZIF Code + 4	\$ 4,963.14	
	12.b. Amount	
	TALL CONTROL	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Rolations Consultant (including trade name, if any).	14.a. Nature of payment,	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		
City		
State ZIP Coda ÷ 4		
13.b. Is the Business an Employer cr Consultant 7	14.b. Amount of payment	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) of substantial part of which consists of buying from, seting or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or ceiling or leasing directly or indirectly to, or otherwise dealing with your labor organization of with a trust in which your labor organization is interested.		
8. Name and address of Business (Including trade name, if any). Name Lu ALL, CEIL; NG ARENTRY OF LONG LSLAWD & NY Trade Name, if any P.O. Box, Bidg., Room No., if any Street 125 DERICHS TURNER Chy SCITE 301 State RRICHO, NY 2113 Cuids +4 1/753	9. Business deals with: a. Labor Organ zation b. Trust c. Employer	
10. If 9,b. or 8.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Cois+4	11.a. Nature of such dealing. Luacht D; where 11.b. Approximate deliar value of such dealing. Lukenowa 12.a. Nature of interest held or incorne received.	
	12b. Amount.	
C. Received from any employer (other than an amployer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money of other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.C. Box, Bidg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment	
13.b. is the Business an Employer or Consultant 7	14.b. Amount of payment.	

Form LM-30 (2003)